

SENATOR PEPPER HEARINGS ON PROCUREMENT AND ASSIGNMENT SERVICE

Hearing Transcript Appeared in "Journal A.M.A."—Commencing on November 2, 1942, Senator Claude Pepper of Florida, acting largely as a one-man representative of a subcommittee of the U. S. Senate Committee on Education and Labor, conducted in Washington, D. C., a rather extensive hearing, the transcript of which appeared in the November 21st issue of the *Journal of the American Medical Association*. In small type, the report of the proceedings covered some 42 pages!

Reference is made thereto because it is a question whether many physicians who receive the *Journal A.M.A.* took the time to read the lengthy testimony, a considerable portion of which deals with statements bearing on California; more particularly the "Permanente Foundation Hospital" established in the remodeled Fabiola Hospital of Oakland, and designed for medical and hospitalization service for workers in the Richmond Shipyards operated by the Henry J. Kaiser interests—the organization given credit for building cargo ships of considerable tonnage in 5 days or so, although competent authorities have stated that the man-hours used on all parts of the ship amount to calendar days of work that perhaps approximate from 30 to 60 days or more!

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Hearing Received Much Newspaper Comment.—Much publicity appeared in the newspapers during the progress of the hearing. In the *Journal of the American Medical Association*, the "Pepper Hearing" received editorial comment, the issue of November 21st presenting a transcript of the testimony, from which excerpts appear in this current issue of CALIFORNIA AND WESTERN MEDICINE.* Members of the California Medical Association should be interested in reading the queries and statements made by the California physician, Sidney R. Garfield, M. D., with headquarters in Oakland, who is chief of a staff of some thirty physicians working out of the "Permanente Foundation Hospital." (News items concerning dedication of the institution appeared in CALIFORNIA AND WESTERN MEDICINE, September, page 221, and November, page 334.)

The excerpts from the testimony given by Morris Fishbein, M. D., editor of the *Journal A.M.A.*, in answer to queries put by the Senator from Florida—who, throughout the hearing, gave repeated evidence of his state of mind in relation to the National Procurement and Assignment Service, and also to the American Medical Association—furnish illuminating reading.

It is hoped that all C.M.A. members who have not yet done so will mark the items for perusal. No further comment will be made here concerning the testimony, because it speaks for itself, both in what is printed and what is evident between the lines.

* See page 360.

Permanente Hospital of Oakland: Some Excerpts from its Literature.—However, in regard to the "Permanente Foundation Hospital"* in Oakland, it may not be out of place to print, for the information of C.M.A. members, two items worthy of thought, especially when considered in relation to what has been stated above concerning the Pepper Hearings (or "Penner Inquisition," as it was styled by Editor Fishbein).

From page 2 of an eight page illustrated brochure that was distributed to shipyard employees, through foremen and other representatives, the following quotation:

"A HEALTH PLAN For the Employees of the Richmond Shipyards

"This is a Health Plan.* Its primary purpose is to *prevent illness* through medical treatment and hospitalization for nonoccupational illnesses and accidents. To this end, First Aid stations are located in all of the yards. A Field Hospital is located at Richmond, and, for the more serious cases, services are available at the Permanente Foundation Hospital, Broadway and MacArthur Boulevard, Oakland, California.

"The medical and hospital services which you will receive under this Plan are provided by Sidney R. Garfield, M. D., who will maintain a Staff composed of more than thirty physicians and surgeons. The Staff will include specialists in the major divisions of medicine, so that each subscriber will be furnished with the attention of a specialist whenever recommended by the attending physician."

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From a footnote, also on page 2, the following illuminating item:

*"This outline is a digest of the hospital and medical services which are provided under the agreement between the three Richmond Shipyards and Sidney R. Garfield, M. D., whereby Dr. Garfield has agreed to furnish medical and hospital services to the eligible employees of the shipyards who have subscribed to such services. The shipyards have agreed to make weekly deductions for the employees who have subscribed and on behalf of such employees to *pay the amount deducted to Dr. Garfield*. Copies of the agreement itself are on file and available for inspection by any employee at the Personnel Office in each yard." (Note. Italics by Editor.)

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In connection with the footnote quoted above, the "Health Plan Application" for employees, which follows, should also take on additional significance.

(COPY)

HEALTH PLAN APPLICATION

Yard No..... Badge No.....

Name
Last First Middle

I HEREBY APPLY for participation in the Health Plan for Employees of the Richmond Shipyards, Richmond, California, and hereby voluntarily authorize my employer to deduct fifty cents each week from wages hereafter earned by me, and on my behalf to pay said

* Information has been received from the Secretary of State of California that his office has no record of a corporation of the name "Permanente Foundation."

amount for medical and hospital services as provided in the agreement providing for such services, a copy of which is on file with my employer, and a digest of which I have received.

.....
Signature

Date....., 1942

NOTE: This Plan is now available in Yards 1 and 3. Employees of these Yards may sign up immediately. The Plan will be available in Yard 2 as soon as appropriate arrangements can be made.

Would it not be in order, taking into consideration the above, for us to ask ourselves the question, What do these statements in the brochure mean, and what will be the total amount of money turned over to Sidney R. Garfield, M. D., under the above arrangements in this supposedly non-profit plan sponsored by the Kaiser interests?

Perhaps Doctor Garfield will be willing to furnish this and related information. If so, it may clarify some phases of the "Health Plan" activities that seem a bit obscure.

EDITORIAL COMMENT†

NEWER TERMINOLOGY FOR SERUM "COMPLEMENT"

The new terminology for serum complement currently suggested by Pillemer and Ecker¹ of the Institute of Pathology, Western Reserve University, may well pave the way for new or improved methods of diagnosis and treatment of infectious diseases.

Originally conceived as a single protective enzyme, the serum component known as "alexin," or "complement," was separated into two components by Ferrata.² On treatment with distilled water, fresh guinea pig serum was separated into a globulin and an albumin fraction, neither of which is capable of activating "amboceptor." If the albumin and globulin fractions are reunited, however, the original activating power is restored. It was found that the same separation into two inactive components can be effected by saturating the serum with CO₂,³ or by slight acidulation.⁴ It was afterwards shown by Whitehead,⁵ of Leeds University, that the globulin and albumin fractions thus prepared are almost invariably impure, one or both of them containing an adsorbed "third factor" essential for complement action. This "third component" is readily removed from guinea pig serum by adsorption on yeast or on zymen (insoluble residue left after repeated extraction of yeast with alcohol, ether and distilled water). The relatively pure albumin ("end-piece") and globulin ("mid-piece") are not affected by such adsorption. The "third component" is thermostable so can be obtained free from the thermolabile proteins. Added to an in-

active purified albumin-globulin mixture the "third component" restores the original complement titer.

Somewhat later, a fourth essential factor was discovered in hemolytic complement, usually existing as an adsorbed contaminant on serum albumin ("end-piece"). Gordon⁶ and his colleagues found that guinea pig serum could be inactivated by the addition of a small amount of ammonia (0.25 cc. N/6.5 NH₄OH per 1 cc.) without demonstrable injury to the end-piece (albumin), mid-piece (globulin) or "third component." The fourth factor thus destroyed is non-dialysable and relatively thermostable. It is not identical with the previously discovered "third component," since it is not adsorbed on yeast or zymen.

Hemolytic complement (C), therefore, is not a unit enzyme as postulated by earlier serologists, but a functional metaphor or immunologic abstraction, symbolizing the complex interaction of four semi-independent normal serum fractions: "mid-piece" (globulin) + "end-piece" (albumin) + "third component" + "fourth component." "Complement fixation" also becomes an archaic metaphor now mainly of historic interest.

Pillemer⁷ and his colleagues have recently added to these well-established complexities by further fractionation of these components. Electrophoretic diagrams prepared in the Department of Physical Chemistry, Harvard Medical School, for example, indicate that mid-piece and end-piece each consist of a mixture of at least four distinct serum proteins. Whether or not all eight proteins are essential for full complement action has not yet been determined. The terms "mid-piece," "end-piece," "albumin fraction" and "globulin fraction" thus also become archaic and in the opinion of Pillemer should be discarded in favor of his non-committal terminology: C₁, C₂, C₃ and C₄. The discovery of races of guinea pigs hereditarily deficient in C₃⁸ and the apparent correlation of one or more of these factors with vitamin C,⁹ are perhaps prophetic of future clinical applications of his terminology.

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† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.